**NEW APPLICATION**

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| **NOTE:**  | **This form is to be completed, signed and submitted to the Purchasing Department for the request to be approved and executed.** |
| **1. Check One: User (Only) Request\_\_\_\_\_ User & P-Card Request\_\_\_\_\_** |
| **Name:** |  |  | **Department:** |  |
|  | (User **/** Cardholder) |  | (If Department has multiple “Groups” please indicate the desired group assignment for the cardholder below) |
| **Date of Birth:****Phone:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |
| **Email:**  |   |  |  |  |
|  |  |  |  |  |
| **2. Choose ONE of the following:** |
| **Select one (1) of the following profiles:**(Monthly spending limit)**NOTE: By selecting one of the profiles the single transaction limit will automatically default to the amount listed below each profile.** |
|  \_\_\_\_\_ **$1,000.00** \_\_\_\_\_ **$5,000.00** \_\_\_\_\_ **$10,000.00**($999.99 Single Transaction Limit) ($999.99 Single Transaction Limit) ($999.99 Single Transaction Limit) |
| \_\_\_\_\_ **$20,000.00** \_\_\_\_\_ **$30,000.00** \_\_\_\_\_**$50,000.00**($3,500.00 Single Transaction Limit) (3,500.00 Single Transaction Limit) ($3,500.00 Single Transaction Limit) |
| **NOTE:**  | **Per the Purchasing Policy, $30,000.00 - $50,000.00 limits are for Fleet Operations employees only.**  |
| **For card limits of $20,000.00 - $50,000.00 will require justification of higher limit.** |
|  |  |  |  |  |  |
| 1. **3. Will the cardholder be allocating their transactions?**
 | **Yes:** |  |  | **No:** |  |  |
| (Enter account, description and public purpose into the WORKS program) |  |  |
|  |  |  |
| **4. Explanation for granting $3,500.00 single transaction limit or $20,000.00 or greater card limit to employee:** |
|  |   |  |
|  |   |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Department Director** |  | **Print Name** |  | **Date** |  |
|  |  |  |  |  |  |
| **I certify that the cardholder named above has received the required training per purchasing policy and their Pcard has been issued.** |
|  |  |  |
|  |  |  |   |  |   |  |
|  | **Purchasing Director or Designee** |  | **Print Name** |  | **Date** |  |
|  |  |  |

**MAINTENANCE FORM**

**1. Maintenance of Existing Account**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**a.\_\_\_\_\_\_\_\_\_\_Increase profile limit to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b.\_\_\_\_\_\_\_\_\_\_Increase Single Transaction Limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c.\_\_\_\_\_\_\_\_\_\_Change Name to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**d.\_\_\_\_\_\_\_\_\_\_Transfer to another group (Department):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e.\_\_\_\_\_\_\_\_\_\_Decrease Profile Limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**f.\_\_\_\_\_\_\_\_\_\_Decrease Single Transaction Limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**g.\_\_\_\_\_\_\_\_\_\_Deactivate Card #:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**h.\_\_\_\_\_\_\_\_\_\_Replacement Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Director Print Name Date**

|  |
| --- |
| **I certify that the changes requested above have been executed in accordance with the Purchasing Policy.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Purchasing Manager or Designee Print Name Date** |

Revised November 3, 2017